Form **990** 

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

	partment of emal Reven	the Treasury			Form990 for ins		-	nformatio	n. 17/0`	Inspe			
A			dar year, or tax year be		SEPTEMBER		and endin		GUST 31	, 20 19			
<u></u> В			Name of organization U.S					7.0		er identification	number		
Ē		· ·	Doing business as		1001107111011					52-1778729			
	Address change   Doing business as     Name change   Number and street (or P O box if mail is not delivered to street address)   Room/suite									E Telephone number			
	Initial ret	•	6312 SEVEN CORNERS					361		703-468-6614	Į.		
_		n/terminated	City or town, state or provi		and ZIP or foreign	postal code	_!"		1	700 400 0014			
_   	Amende		ALLS CHURCH, VA 22						G Gross r	eceipts \$	859,217		
Ē			Name and address of princ					H(a) Is this		subordinates? Y			
_	пррисан		IADIA McCONNELL, 66	•	FORD McLEA	L VA 22101-16	143	1		es included? T			
	Tax-exe	mpt status		501(c) (		4947(a)(1) or	]			a list (see instruct			
	Website		usukraine org	<u> </u>	/ · (		<u> </u>	H(c) Gro	up exemption	number >			
K			Corporation Trust	Association	☐ Other ►	L Ye	ar of format			of legal domicile	VA		
	art I	Summa			<del> </del>	,				-			
	1	Briefly des	scribe the organization	n's mission	or most signific	cant activities	BUILDI	NG PEAC	E AND PRO	SPERITY BY			
٩	:		NG DEMOCRACY, A FE								IROUGH		
			N/TRAINING, INFORMA										
9	2		s box ▶ 🗌 if the organ		••••					its net assets	j.		
ć	3	Number of	f voting members of the	he governir	ng body (Part V	l, line 1a) .	<b>Y</b>		. 3		13		
٩	4	Number of	f independent voting r	members o	f the governing	body (Part W	l;√line 1b)		. 4		12		
Activities & Governance	5	Total numb	ber of individuals emp	oloyed in ca	alendar year 20	18 (Part Viulin	e∕2a)		5		6		
į	6	Total numb	ber of volunteers (esti	mate if nec	essary)				. 6		45		
Ā	7a	Total unrel	lated business revenu	e from Par	t VIII, column (0	C), line 12 .			. 7a		0		
	b	Net unrela	ted business taxable	income fro	m Form 990-T,	line 38			. 7b		. 0		
								Prior	Year	Current '	Year		
S	, 8	Contribution	ons and grants (Part V	/III, line 1h)					494,454		778,844		
$\rightarrow$	9	Program s	ervice revenue (Part V	/III, line 2g)					52,723		79,319		
Z	10	Investmen	t income (Part VIII, co	lumn (A), li	nes 3, 4, and 7	d)			371		510		
CANNE	11		enue (Part VIII, column				<b>—</b>		2,644		544		
<u> </u>	12		nue-add lines 8 throu				ine 12)		550,192		859,217		
- -	13		d similar amounts paid				· ·		141,011		205,906		
MAY ,	14		aid to or for members				·		0		0		
			ther compensation, em				5–10)		230,274		336,378		
1	16a	Profession	nal fundraising fees (Par raising expenses (Par	art IX, colu	mn (A), ∥ine⊒ 1.	ジビハド		e vocasans	O		0		
0	- b	l otal fundi	raising expenses (Par	t IX, colum	n (LI), line 25)	TO THE PERSON NAMED OF THE	13,258	A CONTRACT	大量的	1 /2			
2022	1	Other expe	enses (Part IX, column	n (A), lines		4e) Շ. <b>Ռ.</b> Պ. 20 %։	' 기었다		210,434		287,514		
22	1	•	nses. Add lines 13–17		161	onnu(A), II <u>ng</u> 2			581,719	<del></del>	829,798		
_	19	Revenue is	ess expenses. Subtra	ct line 18 ir				leanning of	-31,527 Current Year	End of Y	29,419		
ts or	20	Total acces	to (Bort V. line 16)			DEN, UI		reginning or		<del></del>			
Sse	20		ts (Part X, line 16) . ities (Part X, line 26) .				The State of		399,919	1	365,233		
Net Assets	21 22		or fund balances. Su	htract line			·		136,190		72,085		
	art II		re Block	Diract IIIIe	21 110111 11116 20	<u> </u>			263,729	<u></u>	293,148		
			, I declare that I have exam	and this retur	n including accom	nanuna schadula	e and states	nente and t	o the best of	my knowledge, as	ad ballof it is		
			te Declaration of preparer (c							ily kilowieoge ai	id belief, it is		
			X	<i>-</i>					7-1	4-202			
Si	gn	Signat	urg of officer	-16-6	4				Date	000			
	ere	4	TOUN A. A	Luns	Vice F	Reside	AFT						
		Type o	or print name and title	<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A-J.DC	· <u> </u>		<del></del>				
_		Print/Type	preparer's name	Pre	parer's signature		Da	te	Chasii	PTIN			
	aid	_							Check self-em				
	repare		me ▶					F	ırm's EIN ▶	1			
U	se Onl	Firm's add							hone no				
$\overline{M}$	ay the IF		this return with the pr	eparer sho	wn above? (see	instructions)				🔲 Ye	es 🗌 No		
			tion Act Notice, see the				Cat N	11282Y		Form	990 (2018)		

Part	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: BUILDING PEACE AND PROSPERITY BY SUPPORTING DEMOCRACY, A FREE MARKET, AND HUMAN RIGHTS FOR UKRAINE.
	BUILDING PEACE AND PROSPERITY BY SUPPORTING DEMOCRACY, A FREE MARKEY, AND HOMAN RIGHTS FOR ORNAINE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 01 ) (Expenses \$ 368,045 including grants of \$ 80,812 ) (Revenue \$ 5,385)
	ECONOMIC DEVELOPMENT PROGRAM
	CURRONT FOR LIVE AND THE FOOLONIC DEVELOPMENT TURQUICU PROMOTIONAL ACTIVITIES SUCIL AS SPONSORING A
	SUPPORT FOR UKRAINE'S ECONOMIC DEVELOPMENT THROUGH PROMOTIONAL ACTIVITIES, SUCH AS SPONSORING A
	"UKRAINE BOOTH" AT THE BIO.ORG'S INTERNATIONAL BIOTECH CONVENTION IN PHILADELPHIA AND SPONSORING A "UKRAINE BOOTH" AT THE NEW YORK TIMES TRAVEL SHOW IN NEW YORK CITY. PARTICIPATION IN MANY BIOTECH CONFERENCES AND
	MEETINGS IN UKRAINE. MAINTAINING TWO WEBSITES: TRAVELTOUKRAINE ORG AND BIOUKRAINE.ORG.
	MEETINGS IN ORRAINE. MAINTAINING TWO WEBSITES. TRAVELTOCKRAINE ORGAND DIOORRAINE.ORG.
	PROFESSIONAL DEVELOPMENT TRAVEL AND CASH GRANTS AWARDED TO 32 BIOTECH RESEARCHERS AND PRACTITIONERS.
	GRANTS PROVIDED: \$80,812
4b	(Code: 02 ) (Expenses \$ 209,762 including grants of \$ 115,258) (Revenue \$ 73,934)
	EDUCATION PROGRAM
	PROVIDED EDUCATIONAL TRAINING/EXCHANGE PROGRAMS FOR 60 UKRAINIAN GOVERNMENT AND NGO LEADERS. PARTICIPANTS BENEFIT FROM 9-DAY PROGRAMS IN THE U.S. WHICH ARE IMPLEMENTED BY THE FOUNDATION'S NETWORK OF
	U.S. COMMUNITY PARTNERS. GRANTS PROVIDED: \$72,658
	U.S. COMMONT I FACINERS. GRANTS FROVIDED. 472,000
	EDUCATION GRANTS AWARDED TO 63 STUDENTS IN UKRAINE GRANTS TOTALED: \$40,700
	EDUCATION GRANT FOR ZHELDETS PUBLIC SCHOOL IN UKRAINE - GRANT AMOUNT: \$300
	EDUCATION GRANT FOR CANADA UKRAINE FOUNDATION FOR STUDENT SCHOLARSHIPS IN UKRAINE - AMOUNT: \$1,600
	***************************************
	(0.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
4c	(Code: 03 ) (Expenses \$ 29,010 including grants of \$ 0) (Revenue \$ 0)
	INFORMATION SERVICES PROGRAM
	CONDUCTED MEETINGS AND PRESENTATIONSFOR THE PUBLIC REGARDING UKRAINE'S DEMOCRACY AND THE CONTINUING
	CRISIS OF RUSSIAN AGGRESSION FACING THE COUNTRY AND ITS LEADERSHIP. COLLABORATED WITH MANY NON-PROFITS IN
	HOLDING THESE INFORMATIONAL EVENTS
	INFORMED THE PUBLIC REGARDING UKRAINE'S GOVERNANCE AND CIVIL SOCIETY VIA E-NEWSLETTERS, POSTAL MAILINGS,
	SOCIAL MEDIA NETWORKS, AND THE FOUNDATION'S WEBSITE: WWW.USUKRAINE ORG.
	01
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ 16,284 including grants of \$ 9,836 ) (Revenue \$ 0 )  Total program service expenses \$ 633,101

Part	Checklist of Required Schedules			1 :.
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	1	
2	complete Schedule A	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓_	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<b>\</b>	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<b>\</b>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	✓	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

Part l	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>√</b>
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓.
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	✓_	
Part				_
	Check If Schedule O contains a response or note to any line in this Part V	<del></del> ,	· ·	
4 -	Fatanatha assembles separated in Pay 2 of Form 1006 Fatan 0 of set analyzable	استهو	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	<b>7</b>	
	repended gamming (gamming) minings to price miniotic in the contract of the co			(2018)

Part	Statements Regarding Other IRS Fillings and Tax Compliance (continued)							
	Fatou the surplement of complement reported on Form W.O. Transported of Word and Tou.		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			: ]				
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 6b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .							
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За								
b	The state of the s							
4a								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1				
b	If "Yes," enter the name of the foreign country: ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ļ	1 ,					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		_				
b	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	-	•	• . ]				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	٠,	<u>.</u>	_ 1				
	and services provided to the payor?	7a		✓				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ļ		,				
-	required to file Form 8282?	7c		<b>✓</b>				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	للتا	<u> </u>				
e f								
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		<b>√</b>				
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	# 0.6E	i .	<b>✓</b>				
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	• • •						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~ z				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			ا " ،				
a b	Initiation fees and capital contributions included on Part VIII, line 12	,	• •	·				
11	Section 501(c)(12) organizations. Enter:			1771				
	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources		.	5.7				
	against amounts due or received from them.)	<u>' ' '</u>						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-2002				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	`-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	) · ·	F=į +-				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1				
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which	<b>:</b>	, ,					
b	the organization is licensed to issue qualified health plans	`	ļ.					
С	Enter the amount of reserves on hand	ا, ':ا	•	`. <b> </b>				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		<u>√</u> _				
40	If "Yes," see instructions and file Form 4720, Schedule N			لب				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		<u>√</u>				
-	ii res, complete roim 4/20, schedule O.		990	(2018)				
		. 0.11		,,,				

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See instru	ictions.
Secti	on A. Governing Body and Management		
		Y	es No
1a	Enter the number of voting members of the governing body at the end of the tax year	4	r, [
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	. , " "	
	committee, explain in Schedule O.	1.2	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 1:		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		·
	any other officer, director, trustee, or key employee?	2	<b>—</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct	3	1
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	1
6	Did the organization have members or stockholders?	6	1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		1
_	one or more members of the governing body?	7a	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1
	Did the organization contemporaneously document the meetings held or written actions undertaken during		5 3
8	the year by the following:	, .	1
а	The governing body?	8a ✓	,
b	Each committee with authority to act on behalf of the governing body?	8b ✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		
0000	on bit bit onoice (this couldn't requeste internation about pointers international by the international	Ye	
10a	Did the organization have local chapters, branches, or affiliates?	10a	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a ✓	•
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	r	46 LM
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	✓
14	Did the organization have a written document retention and destruction policy?	14	_ <
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	) -	1
а	The organization's CEO, Executive Director, or top management official	15a	7
b	Other officers or key employees of the organization	15b	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	2	of water
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		, , ,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	
Secti	on C. Disclosure	1100	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Section	n 501(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	·	icy, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords ►	
	JOHN A KUN, VICE PRESIDENT, 2757 VIKING DR, OAK HILL, VA 20171		_

Dana	•
-aue	

O11(1 555 (E51)	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complet	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons.										
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
	((	<del>)</del>								
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
Tano and This	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	무			ž	$\overline{}$	7	from the	related organizations	other compensation
	related	Individual trustee or director	šŧ	Officer	Key employee	항송	Former	organization	(W-2/1099-MISC)	from the
	organizations	cto	g		npl	yee c	~	(W-2/1099-MISC)		organization
	below dotted line)	_ ti	al tr		yee	ă				and related organizations
		tee	Institutional trustee		"	Highest compensated employee				•
			Ö			e e				
(1) JOHN A. KUN	40									
VICE PRESIDENT	0			✓		<b>✓</b>		70,744		·
(2) NADIA K. McCONNELL	40									
PRESIDENT/DIRECTOR	0	✓	_	✓			_	52,500		
(3) MARKIAN BILYNSKYJ	40									
VICE PRESIDENT	0			✓_				47,100		
(4) ROMAN POPADIUK	8		İ							
- CHAIRMAN/DIRECTOR	0	✓								<del></del>
(5) OREST DEYCHAKIWSKY	6	,								
VICE CHAIRMAN/DIRECTOR	0	✓_								
(6) BOB HEATH	5	,								
TREASURER/DIRECTOR	0	<b>✓</b>		ļ .—						
(7) MICHAEL SNYTKIN	5	,						1		
SECRETARY/DIRECTOR	0	✓	<u> </u>				_			
(8) TANIA CHOMIAK-SALVI	3	,	İ			j .				
DIRECTOR	0	<b>✓</b>								
(9) RUSTY BROOKS	3	,						1		
DIRECTOR	0	<b>✓</b>	_	-		-	_			<del></del>
(10) DAVID RIGSBY	3	1								
DIRECTOR (14) OFFICE MASKING	0									
(11) GEORGE MASIUK	3	1	ŀ							
DIRECTOR (12) VIVI CIDE IDAE	0	· ·	_				$\vdash$			
(12) JIM O'BEIRNE	3	1								
DIRECTOR (13) TEMURI YAKOBASHVILI	3						_	-		
DIRECTOR	0	1								
(14) JON QUEEN	3	•	-							
DIRECTOR	0	1								
DINEGTOR	<u> </u>	<u> </u>	_	_	_	1	_	·		

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees	(contini	ued)
	(B) Average						an Reportable ee) compensation		(E) Reportable compensation fr		(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)	Individua or directo		Officer	_	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-N	ons	other compensation from the organization and related organizations
(15) <sub>1</sub>	(EN BOSSONG	3										
DIREC		0	<b>-</b>	_	_				_			
(16)			{							ļ		
(17)												
(18)												
(19)												
(20)												·
(21)												
		ļ <u>.</u>										
(24)												
(25)												
1b	Sub-total						•	<b>&gt;</b>	\$ 0			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							<b>▶</b>	\$ 170,344 \$ 170,344	i e		·
2	Total number of individuals (including but reportable compensation from the organi	t not limited									00,000	O of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	est compe	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	50,	000	? //						
5	Did any person listed on line 1a receive of for services rendered to the organization											5 🗸
Section	on B. Independent Contractors											
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensation
NO	NE											0
				_				<u> </u>				
2	Total number of independent contractor	ors (include	na hi	ıt n	ot I	imit	ed to	L th	ose listed ah	ove) who		£(**
	received more than \$100,000 of compens								0		,	51

Par	VIII						Dowt VIII		
		Check if Schedule O	contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts s	1a	Federated campaigns	3	1a	364				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	0	,			
s, G	С	Fundraising events .		1c	o				
Sift:	d	Related organizations		1d	0				,
ii is	е	Government grants (con	tributions)	1e	96,189				
tior S r	f	All other contributions, gi							
ğ Ę		and similar amounts not inc	luded above	1f	682,291				
d dt	g	Noncash contributions includ		•	0				
	h	Total. Add lines 1a-1	<u>f</u>		, . , <i>.</i> <b>&gt;</b>	778,844			
Program Service Revenue					Business Code				
eve	2a	TRANSLATIONS PRO	· <b></b>		561000	70,634	70,634	0	-
e.	ь	FEE INCOME TRAVEL			561000	5,385	5,385	0	
ξi	C	PROJECT ADMIN/OVE	RHEAD · EI	DUC	561000	3,300	3,300	0	
Š	ď					0			
ran	e	All About the surface of the				0			
<u>rog</u>	ן ן	All other program sen				70.210			
	<u>g</u> 3	Total. Add lines 2a-2 Investment income	(including	dıvıd	ends interest	79,319			
	"	and other similar amo				510	0	0	510
	4	Income from investment	•			0	0	0	
	5				_	0	0	0	
	•		(ı) Rea		(ii) Personal	, , , , , , , , , , , , , , , , , , ,	<del></del>	· ·	-
	6a	Gross rents	_	0	o				
	Ь	Less: rental expenses		0	0				
	C	Rental income or (loss)		0	0	1			
	d	Net rental income or (	loss) .		▶	o	0	0	0
	7a	Gross amount from sales of	(ı) Secunt	ies	(II) Other			200 21 200	
		assets other than inventory		0	0				
	b	Less: cost or other basis							
		and sales expenses .		0	0				
	C	Gain or (loss)		0	0		ë.		
_	d	Net gain or (loss) .		•	▶	<u> </u>	0	0	0
venue	8a	Gross income from fu	ındraısıng			1			
Ş.		events (not including \$		0					
Other Re		of contributions reporte							
her		See Part IV, line 18 .							
ᅙ		Less: direct expenses							
		Net income or (loss) for			events . ►	0		<del></del>	
	ya	Gross income from ga See Part IV, line 19	ming activi						
	_	Less: direct expenses							
		Net income or (loss) fi				0			
		Gross sales of in			Vities		<del></del>		
	.02	returns and allowance			o				
	ь	Less: cost of goods s							
		Net income or (loss) for				0			
	Ť	Miscellaneous R			Business Code	1			
	11a	UNREALIZED GAIN - S		;	561000	544	0	0	544
	ь	<u> </u>				0	0	0	
	c					0	0.	0	
	d	All other revenue .				0	0	0	
	е	Total. Add lines 11a-				544			
	12	Total revenue. See in	nstructions		🕨	859,217	79,319	0	1,054

### Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor			ns must complete co	olumn (A).
	Check if Schedule O contains a respor	nse or note to any li	ne in this Part IX .		🗆
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			,	
	and domestic governments. See Part IV, line 21	72,658	72,658		<u>4</u>
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0	, ,	
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				•, • .
	individuals. See Part IV, lines 15 and 16	133,248	133,248		
4	Benefits paid to or for members	0		······································	-
5	Compensation of current officers, directors,				
•	trustees, and key employees	174,439	112,730	55,209	6,500
6	Compensation not included above, to disqualified	174,435	112,730	33,203	0,500
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			0	
-	•	100.050	100.050		U
7 8	Other salaries and wages	123,350	123,350	0	0
0	section 401(k) and 403(b) employer contributions)		_	_	_
_		<u>_</u>	0	0	0
9	Other employee benefits	12,911		1- : :	
10	Payroll taxes	25,678	0	25,678	0
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	0		0	
С	Accounting	15,663	0	15,663	
d	Lobbying	0		0	0
е	Professional fundraising services. See Part IV, line 17	0		K K A A A A A A A A A A A A A A A A A A	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	56,812	56,812	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	22,210	9,069	6,911	6,230
14	Information technology	12,996	6,756	6,240	0
15	Royalties	0	0	0	
16	Occupancy	50,557	0	50,557	0
17	Travel	34,311	22,158	11,637	516
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o	0	0	0
19	Conferences, conventions, and meetings .	88,253	86,320	1,921	12
20	Interest	5,035	0	5,035	. 0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	o	0	0	0
23	Insuiance	1,677	0	1,677	0
24	Other expenses. Itemize expenses not covered	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			* * * * * * * * * * * * * * * * * * * *
	above (List miscellaneous expenses in line 24e. If		, , ,		
	line 24e amount exceeds 10% of line 25, column	[ · · · · · · · · · · · · · · · · · · ·			
	(A) amount, list line 24e expenses on Schedule O.)	[ .·	, ,	tr ,	g (4 14 1
а		0	0	0	0
b		0	0	0	0
C		0	0	0	0
d		0	0	0	0
е	All other expenses	0	0	0.	0
25	Total functional expenses. Add lines 1 through 24e	829,798	623,101	193,439	13,258
26	Joint costs. Complete this line only if the			<u> </u>	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	ırt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	106	1	106
	2	Savings and temporary cash investments	330,623	2	110,574
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	39,153	4	32,398
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			# 7 P
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
şţ		organizations (see instructions). Complete Part II of Schedule L	0		0
Assets	7	Notes and loans receivable, net	0		0
4	8	Inventories for sale or use	. 0		0
	9	Prepaid expenses and deferred charges	683	9	27,549
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a  0		<i>t</i>	A
	b	Less: accumulated depreciation 10b 0	-	10c	0
	11	Investments—publicly traded securities	29,354		194,606
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	1	0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	399,919		365,233
	17	Accounts payable and accrued expenses	73,291		69,349
	18	Grants payable	55,289		0
	19	Deferred revenue	0	<b>—</b>	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	00		0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	4	200	
Ē			0		0
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0	23 24	0
	2 <del>4</del> 25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			0
	26	Total liabilities. Add lines 17 through 25	7,610 136,190		2,/36
es	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	136,190	20	72,085
SE.	27	Unrestricted net assets	37,525	27	39,261
<u>ag</u>	28	Temporarily restricted net assets	63,789		57,392
P	29	Permanently restricted net assets	162,415		196,495
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		1 2 2 2	, mg
ţ	30	Capital stock or trust principal, or current funds	0	30	0
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
t A	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
Se	33	Total net assets or fund balances	263,729	33	293,148
	34	Total liabilities and net assets/fund balances	399.919	34	365.233
					Form <b>990</b> (2018)

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Page		_

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	85	9,217
2	Total expenses (must equal Part IX, column (A), line 25)	2	82	9,798
3	Revenue less expenses. Subtract line 2 from line 1	3	2	9,419
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	26	3,729
5	Net unrealized gains (losses) on investments	5		544
6	Donated services and use of facilities	_6	22	3,483
7	Investment expenses	7		0
8	Prior period adjustments	8		0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-22	4,027
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	29	<u>3,148</u>
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	• •		
1	Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın	in Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	oiled o	or2b	h- " > 2
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		أ فيرا بهروند	· 54.44
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent accoulf the organization changed either its oversight process or selection process during the tax year, exschedule O.	ntant1	? 2c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		. 3a	<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	<u> </u>
-			Form <b>990</b>	(2018)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization
U.S.-UKRAINE FOUNDATION

Employer identification number

J.S -	UKRAINE FOUN			·				78729
Pa				organizations must				ons.
The o	•	•		s: (For lines 1 through				
1				on of churches descri				
2				(Attach Schedule E (F				
3				janization described i				
4		_		onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the
	hospital's	name, city, and state	9: 		<del>-</del>			
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7	An organiz		receives a subs	mental unit described tantıal part of ıts sup e Part II.)				n the general public
8	☐ A commun	nity trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricult or university:	tural research organ ty or a non-land-gra	zation described nt college of agri	d in <b>section 170(b)(1)</b> iculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or
10	receipts fro support fro acquired b	om activities related om gross investmen by the organization a	to its exempt fur t income and uni fter June 30, 197	e than 331/3% of its sunctions—subject to crelated business taxal	ertain exc ble incom i)(2). (Cor	ceptions, ie (less se nplete Pa	and (2) no more tha ection 511 tax) from art III )	n 331/3% of its
11				sively to test for public				
12	An organiz	ation organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	inctions of, or to cai	rry out the purposes
				ns described in <b>secti</b>				
			-	scribes the type of sup		-		
а	the sur	ported organization	(s) the power to	, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
b		• •		ed or controlled in co			upported organizati	on(s), by having
-	control	or management of	the supporting o	rganization vested in V, Sections A and C.	the same			
C				ting organization oper ns). <b>You must comp</b> l				ally integrated with,
d	that is	not functionally integ	grated. The orga	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ition requirement an	
е	e ☐ Check functio	this box if the organ	ization received Type III non-func	a written determination	on from tl	ne IRS tha organizati	at it is a Type I, Type on.	e II, Type III
f	Enter the nu	mber of supported of	organizations .					
g	Provide the	following information	about the supp	orted organization(s).				
	(i) Name of suppo	orted organization -	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	other support (see instructions)
					Yes	No		
/A)								
(A)								
(B)								
(C)								
(D)								
E)								

Total

Part	Support Schedule for Organiza						
	(Complete only if you checked the Part III. If the organization fails to						ally under
Cooti	on A. Public Support	quality unde	er the tests its	sted below, pi	lease comple	te Fait III.)	
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(a) 2014	(b) 2013	(0) 2010	(d) 2017	(6) 2010	(i) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	823,032	544,216	520,275	494,454	778,844	3,160,821
2	Tax revenues levied for the	623,032	344,210	320,213	454,454	770,044	3,100,021
٠.	organization's benefit and either paid						
	to or expended on its behalf	o	o	١	o		
3	The value of services or facilities			Ĭ			<del></del>
•	furnished by a governmental unit to the						
	organization without charge	0	n	ام	0		
4	Total. Add lines 1 through 3	823,032		520,275	494.454	778,844	3,160,821
5	The portion of total contributions by	1 1 1	1,, 4,	1,000	٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠	\$ [ * * * * * * * * * * * * * * * * * *	
3	each person (other than a	,				۱, ایم	
	governmental unit or publicly	•	_	•	, ,		
	supported organization) included on	*			, ,	, , , 1	
	line 1 that exceeds 2% of the amount					'9	
	shown on line 11, column (f)			, ,			1,155,013
6	Public support. Subtract line 5 from line 4	4.	4 ,	***	. •	, 0	2,005,808
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	823,032	544,216	520,275	494,454	778,844	3,160,821
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	353	280	281	371	510	1,795
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or						
	loss from the sale of capital assets					<b>7</b> 0 040	
	(Explain in Part VI.)	51,027	52,149	78,611	52,723	79,319	313,829
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc			3 34 1		12	3,476,445
13	First five years. If the Form 990 is for the			d third fourth	or fifth tax v		313,829 n 501(c)(3)
13	organization, check this box and stop he	-					▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6			1. column (f))		14	57.70 %
15	Public support percentage from 2017 Sch					15	71.04 %
16a	331/3% support test-2018. If the organi	ization did not	check the box	x on line 13, ar	nd line 14 is 33	31/3% or more,	
	box and stop here. The organization qua						<b>&gt;</b> 🗸
—ь	=331/3% support test-2017. If the organi	zation did not	check a box o	n line 13 or <sub>-</sub> 16	a, and line 15	ıs 331/3% or m	ore, check <u> </u>
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test-2	018. If the orga	anızatıon did n	ot check a box	x on line 13, 1	6a, or 16b, and	l line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organi	zation qualifies	as a publicly	supported
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test—26	<b>017.</b> If the org	anization dıd n	not check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r						
	supported organization						<b>&gt;</b> [

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	in the organization rails to quality	dilaci trio to	oto notea ben	ovv, picaco oc	ompioto i art	,	
Secti	on A. Public Support	·	·	<del> </del>			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	organization's benefit and either paid to						
	or expended on its behalf			į			
_	•						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		<u> </u>				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8		3.3.3.5	<b>建</b> 2. 第二次的	<b>深远等流、</b>	<b>阿斯斯斯</b>	SECTION SECTION	
	line 6.)	经达为的证			L COLUMN	是"种子之 <del>的"。</del>	
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					·	
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business		1-11-11-11-11-11-11-11-11-11-11-11-11-1				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		•	-			
	loss from the sale of capital assets						
	(Explain in Part VI)						
13 ,	Total support. (Add lines 9, 10c, 11,		=				-
	and 12.)						
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop he	ere					▶ 🗆
Section	on C. Computation of Public Suppo						
15	Public support percentage for 2018 (line	8, column (f), d	livided by line	13, column (f))		15 -	%
16	Public support percentage from 2017 Sc	hedule A, Part	III, line 15 .	<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018	(line 10c, colun	nn (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests-2018. If the organ					ore than 331/3%	
	17 is not more than 331/2%, check this box						
b	331/3% support tests-2017. If the organiz		_			-	_
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

#### Part IV

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Cootion A	All Siinnartina (Braanizatiane	
OCCUUII A. /	All Supporting Organizations	

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5¢ Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		-	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>	· .	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	_		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		11	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		'	1
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			0.7
	controlled the organization's activities. If the organization had more than one supported organization,	-	ľ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		,	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			. ;
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		5	2
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		•	<b> </b> .
	or management of the supporting organization was vested in the same persons that controlled or managed		- ;	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	•		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	2 4 1	4	14 +
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	i l	6-	1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<u>.                                    </u>	تحت	<u> </u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u></u> '		اا
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		34	٠, "
	significant voice in the organization's investment policies and in directing the use of the organization's	. : -	377 14	42
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			<u>"0</u> _
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct.	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		-	1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	,		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			4,
	how the organization was responsive to those supported organizations, and how the organization determined	î.,		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	. )	4 , 4	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	<u>[</u>	, ng.	13
	reasons for the organization's position that its supported organization(s) would have engaged in these	L		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1	. 1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		4	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-	
-	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section BMinimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	, kek		THE RESERVENCE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		, _ ( , _ †	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·	
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	**	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	* *	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	*, "	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporting	organization (see

Parτ	Type III Non-Functionally Integrated 509(a)(3	o) Supporting Organi	zations (continued)		
Secti	Section D—Distributions				
1_	Amounts paid to supported organizations to accomplish	exempt purposes			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive		
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016		·····		
е	From 2017				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
<u>i</u>	Carryover from 2013 not applied (see instructions)				
<u>         j                           </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from Section D, line 7: \$				
а	Applied to underdistributions of prior years		2'		
	Applied to 2018 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			-	
8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
С					
d	Excess from 2017				
_	Excess from 2018				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II - SI	ECTION B, LINE 10
AMOUNTS	ENTERED ARE RELATED, EXEMPT REVENUE RECEIVED EACH YEAR THROUGH PROGRAMS (SEE FORM 990, PART III,
PROGRAM	SERVICE ACCOMPLISHMENTS AND PART VIII, STATEMENT OF REVENUE).
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#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number U.S.-UKRAINE FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year . . . . . . . 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . Assets included in Form 990, Part X . . .

Þа	^	A	2

Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of th	e follow	ing that are a s	ignificant us	se of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progr	ams		
b	☐ Scholarly research		е	Other	r				
С	☐ Preservation for future generations	3							
4	Provide a description of the organiza XIII.								in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive of than to be mainta	donation ined as p	s of art, part of the	historical tr e organizati	easures on's col	, or other simila	ar 🗌 Yes	□ No
Part	IV Escrow and Custodial Arra	angements.			•				
	Complete if the organization	answered "Yes"	' on For	m 990, F	Part IV, line	e 9, or r	reported an an	nount on F	orm
	990, Part X, line 21.						·		
1a	Is the organization an agent, trustee							_	
	included on Form 990, Part X?							∐ Yes	⊔ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the to	liowing to	able:		T	mount	
_	Deciment belonce					10	7	Hount	
C	Beginning balance					1c			
d	Additions during the year					1e	-		
e	Distributions during the year Ending balance					1f	-		
f	Did the organization include an amount						account liability	2   Vac	□ No
2a h	If "Yes," explain the arrangement in P								
Par		art Am. Oneck here	3 11 (110 0)	-pianatio	ii iida beeii	provide	a on rarexiii .	• •	<u> </u>
	Complete if the organization	answered "Yes"	' on For	m 990. f	Part IV. line	e 10.			
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance							1	
b	Contributions								
С	Net investment earnings, gains, and losses		-						
ď	Grants or scholarships								
	Other expenditures for facilities and			-				1	
	programs								
f	Administrative expenses								
g	End of year balance					Ì			
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a	)) held a	s'		
а	Board designated or quasi-endowmen	nt ▶	%						
b	Permanent endowment ▶	<u></u> %							
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and adn	ninistered for th	e	
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses	<del></del> -	n's endo	wment fu	unds.				
Part				000 [	David 137 15mm		) F 000	Dart V. Kar	- 40
	Complete if the organization								
	Description of property	(a) Cost or oth (investme			or other basis ther)	de	ccumulated preciation	(d) Book va	alue
1a	Land								
þ	Buildings								
С	Leasehold improvements								
d	Equipment	·							
е	Other	·		<u> </u>					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part )	<, column	n (B), line 10	C)	▶		

Part VII	Complete if the organization answered	i "Yes" on For	m 990	. Part IV. lin	e 11b. See Forr	m 990. Part X. line 12.
	(a) Description of security or category (including name of security)		$\overline{}$	Book value	(c) M	ethod of valuation id-of-year market value
(1) Financia						
• •	derivatives					
	· ·			<del></del>		
			·			<del></del>
(B)			$\vdash$			<del></del>
(C)	<u></u>					<del></del>
(D)						
(E)						<del> </del>
(F)	•••••		<u> </u>			<del></del>
(G)						
(H)						<del></del>
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) ▶				STATE OF THE	COUNTY WHITE WAS A STATE OF
Part VIII	Investments - Program Related.					
	Complete if the organization answered	l "Yes" on For	m 990	, Part IV, lin	e 11c. See Forr	m 990, Part X, line 13.
	(a) Description of investment		(b)	Book value		ethod of valuation id-of-year market value
(1)	•					
(2)			<u> </u>			
(3)						
(4)						
(5)						
(6)			<u> </u>			
(7)			<u> </u>			
_(8)			ļ			
(9)						
	b) must equal Form 990, Part X, col. (B) line 13 )		L			NEW YORK WAS THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P
Part IX	Other Assets.		000	5	44 1 0 5	000 0 17 1 45
	Complete if the organization answered		m 990	, Part IV, III	ie 11a. See Forr	(b) Book value
	(a) Descr	ption				(b) Book value
(1)	<u> </u>		**			
(2)						
(3)						
(4)						
(5)						
(6)				<del></del>		
				<del></del> -		
(8)						
(9)	mn (b) must equal Form 990, Part X, col. (B)	line 15.)				
Part X	Other Liabilities.					<u> </u>
I GIVA	Complete if the organization answered	L"Yes" on For	m 990	Part IVlin	e 11e or 11f. Se	ee Form 990Part X:—
	line 25.			, ,		, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability	(b) Book value	6	AMEDICAL PROPERTY OF THE PARTY	To an a second	Canada In The Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the
(1) Federal II	ncome taxes		o	CONTROL OF		
(2) FICA			438	4 40		
	VITHHOLDINGS		798			
<sup>(4)</sup> 401(K) P			1,500			
(5)				100		
(6)				4.73		<b>不是一个一个人</b>
(7)			100			
(8)					点。其中是自由的	
(9)				- 11.00	<b>企业大学</b>	
Total. (Column	b) must equal Form 990, Part X, col. (B) line 25.) ▶		2,736			
	r uncertain tax positions. In Part XIII, provide the					
organization'	s liability for uncertain tax positions under FIN 48	3 (ASC 740). Che	ck here	if the text of t	the footnote has be	en provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statem		Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		7. •
а	Net unrealized gains (losses) on investments	2a	_]' ·
b	Donated services and use of facilities	2b	_ , '፣
С	Recoveries of prior year grants	2c	] "
d	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_[.
b	Other (Describe in Part XIII.)	4b	<u> -</u>
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		: 23
а	Investment expenses not included on Form 990, Part VIII, line 7b		1. 4.
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie 18.)	5
Part	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4: Part IV lines 1b and 2	h: Part V. line 4: Part V. line
2. Dar	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	oformation
Z, 1 ui	71, miles be und 18, and 1 are 71, miles be und 1817 mes semipliere une part	to provide any additional in	

	orm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE F (Form 990)

## Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

**U.S.-UKRAINE FOUNDATION** 52-1778729 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes □ No . . . . . . . . . For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (a) Region (b) Number (f) Total employees, agents, and expenditures for of offices in region (by type) (such as. a program service, describe specific type of the region fundraising, program services, and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) Russia and Neighboring States PROGRAM SERVICES GRANTS - BIOTECH PROFL 80,812 (2) Russia and Neighboring States PROGRAM SERVICES **GRANTS - STUDENTS** 40,700 (3) Russia and Neighboring States PROGRAM SERVICES BIOTECH TRAINING/EVENT 20,358 (4) Russia and Neighboring States PROGRAM SERVICES **GRANTS- ORGANIZATIONS** 10,136 (5) Russia and Neighboring States PROGRAM SERVICES OFFICE EXPENDITURES 8,245 (6) North America Λ n PROGRAM SERVICES GRANTS - UKRAINE EDUCL 1,600 (7) (8)(9) (10) (11)(12)(13)(14)(15)(16) (17)Subtotal . . . . . 1 4 161,851 Total from continuation sheets to Part I . . . . 0 0 0

Totals (add lines 3a and 3b)

161,851

Schedule F (Form 990) 2018

Part II Grants al

Schedule F (Form 990) 2018								Page 2
Part II Grants and C Part IV, line 15	<b>ther As</b> 5, for any	sistance to Orga recipient who re	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	s Outside the ,000. Part II car	United States. Cor	nplete if the orga Iditional space is	Complete if the organization answered "Yes" on Form 990, if additional space is needed.	'es" on Form 990,
1 (a) Name of (b) IR organization (if app	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Russia and Neighbo	Russia and Neighbo GENERAL SUPPORT	6,336	6,336 BANK WIRES		0 N/A	N/A
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(15) Early (15)	が対象を		-					
r di	THE STATE OF							
2 Enter total number o	f recipien	t organizations liste	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	gnized as charities	s by the foreign count	ry, recognized as t	ax-exempt	٠
<ul><li>by the IHS, or for which the grantee or counsel has pre</li><li>3 Enter total number of other organizations or entitles .</li></ul>	iich the gi fother or	rantee or counsel h ganizations or entit	Ò	ovided a section 501(c)(3) equivalency letter	ncy letter		<b>A A</b>	

Schedule F (Form 990) 2018

محصيده وحررعه

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part III Grants ar

Far III can be duplic	Part III can be duplicated if additional space is needed.	is needed.	(4) Amount of	A Manager	A Amount of	nortonación (a)	(h) Mothod of
(a) Type of grant or assistance	(a) Region	(c) Number of recipients	(a) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount or noncash assistance	(g) Description of noncash assistance	(n) Metrico or Valuation (book, FMV, appraisal, other)
(1) PROF'L DEV/RESEARCH GRA	Russia and Neighboring S	32	80,812	80,812 BANK WIRES/CASH	0	O N/A	N/A
(2) STUDENT SCHOLARSHIPS	Russia and Neighboring S	63	40,700	40,700 CASH PAYMENTS	0	0 N/A	N/A
(3)							
(4)							
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						Sc	Schedule F (Form 990) 2018

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

Schedule F (Form 990) 2018

#### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2 - MONITORING OF GRANT FUNDS - THE FOUNDATION USES ITS STAFF/AGENTS TO MONITOR FUNDS IN UKRAINE (FUNDS
WIRED FROM THE U.S.). CONTACT WITH RECIPIENT ORGANIZATIONS IS MAINTAINED TO ASSURE PROPER PROGRAM USE OF FUNDS.
IN UKRAINE, ALL CASH DISBURSEMENTS FROM THE FOUNDATION REQUIRE SIGNATURES FROM PERSONS RECEIVING CASH AS WELL
AS FROM INDIVIDUALS PROVIDING CASH. ALL SUPPORTING DOCUMENTS ARE SUBMITTED TO THE FOUNDATION IN THE U.S. ON A
MONTHLY BASIS, AS PART OF AN OVERALL FINANCIAL REPORT. WHEN CONTRACTORS OR AGENTS ARE USED BY THE FOUNDATION,
THE REQUIREMENTS, AS INDICATED ABOVE, ARE ALSO FOLLOWED.
PART I, II, III - ACCOUNTING METHOD - THE FOUNDATION USES THE ACCRUAL METHOD OF ACCOUNTING.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Parti

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection Employer identification number

✓ Yes 52-1778729 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . the selection criteria used to award the grants or assistance? General Information on Grants and Assistance J.S.- UKRAINE FOUNDATION

% □

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

Partiv, line 21, 101 any recipient that received fillore than \$5,000. Partin can be duplicated in additional space is needed.	y recipient triat	eceived more u	ian 40,000. Fail I	call be dupiled	ilea II addillollal	space is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GLOBAL TIES KANSAS CITY 30 WEST PERSHING RD, #405, KC, M	43-1727811		15,055	0	0 N/A	N/A	EDUCATIONAL
(2) MODESTO SISTER CITIES COM 1509 K STREET - #155, MODESTO, C	77-0380517		12,652	0	0 N/A	N/A	EDUCATIONAL
(3) IOWA SISTER STATES 200 EAST GRAND AVE, DES MOINES	42-1266418		10,411		N/A		EDUCATIONAL
(4) FRIENDS OF SPRINGFIELD INT 109 N 7th STREET, SPRINGFIELD, IL	37-1376914		7,837		N/A	N/A	EDUCATIONAL
(5) HEARTLAND FAMILY SERVICE 2101 SOUTH 42nd ST, OMAHA, NE	47-0390618		1,269		N/A	N/A	EDUCATIONAL
(6) GLOBAL TIES ARKANSAS 17 TOULOUSE CT, LITTLE ROCK, AR	71-0562233		6,875		N/A	N/A	EDUCATIONAL
(7) SANTA FE CIR 413 GRANT AVE - SUITE D, SANTA F	85-0196904		6,418		N/A	N/A	EDUCATIONAL
(8) CINCINNATI-KHARKIIV SISTER 7090 MICHAEL DRIVE, CINCINNATI,	31-1204552		6,141		N/A	N/A	EDUCATIONAL
(6)							
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(11)							
(12)							
2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations listed in the line	501(c)(3) and gov	vernment organizat	organizations listed in the line 1 table	ne 1 table			8 0
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Schedule I (Form 990) (2018)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part III Grants an

Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed	mestic Individual space is needed	als. Complete if the I.	organization answ	<b>Individuals.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22. is needed.	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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PART 1 - LINE 2	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, Iin	e 2; Part III, columr	(b); and any other additi	onal information.
GRANT FUI	GRANT FUNDS ARE DISBURSED FOLLOWING THE SIGNING OF	JING OF A GRANT A	GREEMENT THAT OU	TLINES TIME, ACTIVIT	Y AND BUDGET PARAMETER	A GRANT AGREEMENT THAT OUTLINES TIME, ACTIVITY AND BUDGET PARAMETERS. THE GRANTEE MUST SUBMIT
NARRATIV	NARRATIVE AND FINANCIAL REPORTS AT THE CONCLUSION OF THE GRANT PERIOD COPIES OF RECEIPTS AND OTHER FINANCIAL DOCUMENTATION MUST BE SUBMITTED	USION OF THE GRA	NT PERIOD COPIES (	OF RECEIPTS AND OT	HER FINANCIAL DOCUMENT	ATION MUST BE SUBMITTED
TO SUBST	TO SUBSTANTIATE GRANT EXPENSES ANY CASH DISBURSEW	BURSEMENTS MUS	ENTS MUST BE DOCUMENTED WITH SIGNATURES.	VITH SIGNATURES.		
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						Schedule I (Form 990) (2018)

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

U.SUKRAINE FOUNDATION	<u>52-</u> 1778729
FORM 990 - PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	
4d - CODE 04 - EXPENSES: \$12,620 - INCLUDING GRANTS OF \$6,336 - REVENUES: \$0	
PUBLIC POLICY PROGRAM: SUPPORT FOR FRIENDS OF UKRAINE NETWORK INITIATIVE, AN ACTIV	ITY BRINGING TOGETHER SCHOLARS
AND EXPERTS ON UKRAINE TO REVIEW U.S. POLICIES RELATING TO UKRAINE AND TO RECOMMEN	ND POSSIBLE CHANGES. FINANCIAL
SUPPORT ALSO FOR THE PYLYP ORLYK INSTITUTE FOR DEMOCRACY, A PUBLIC POLICY ORGANIZ	ATION IN KYIV, UKRAINE, WHICH
ASSISTS UKRAINIAN POLICY MAKERS IN DEMOCRACY-BUILDING EFFORTS. GRANT PROVIDED: \$6	,336.
4d - CODE 05 - EXPENSES: \$3,664 - INCLUDING GRANTS OF \$3,500 - REVENUES: \$0	
HEALTH CARE & HUMANITARIAN AID PROGRAM: GRANT SUPPORT FOR HUMANITARIAN ORGANIZ	ATION IN KHARKIV: \$3,500
FORM 990- PART VI - SECTION B. POLICIES	
LINE 11b - THE FOUNDATION PROVIDES THE 990 FORM AND SCHEDULES TO THE FOUNDATION'S E	BOARD OF DIRECTORS FOR REVIEW
FORM 990 - PART VI - SECTION C. DISCLOSURE	
LINE 19 - THE FOUNDATION MAKES ITS PUBLIC DOCUMENTS AVAILABLE ONLINE AT: https://usukra	aine org/about-us/reports/ .
THE FOUNDATION'S PUBLIC DOCUMENTS ARE AVAILABLE ON DEMAND AND ARE PUBLICIZED THR	OUGH THE ONLINE NEWSLETTER
FORM 990 - PART XI - RECONCILIATION OF NET ASSETS	
LINES 5,6,9 - THE NET UNREALIZED GAIN OF \$544 IS INCLUDED IN TOTAL REVENUE (SEE VIII, LINE	11a). DONATED SERVICES OF
\$223,483 ARE EXPENSED BY THE SAME AMOUNT IN ORDER TO HAVE NO IMPACT ON NET ASSETS.	BOTH ITEMS TOTAL \$224,027, THUS
RECONCILING THE NET ASSETS OF \$293,148.	